



## MISSOURI PBL COMMITTEE MEMBER APPLICATION FORM

Each prospective candidate for a state PBL committee membership position and his/her chapter adviser must complete this form and send it to the State Adviser. Attach to this form:

(1) a resume including qualifications for the position and plans for the next school year

☐ Community Service    ☐ Corporate Partnerships    ☐ Membership Recruitment

**PLEASE TYPE OR PRINT CLEARLY**

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ CHAPTER \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT CLASS    ☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior    ☐ Graduate Student

DEGREE SOUGHT OR PROGRAM \_\_\_\_\_ GPA \_\_\_\_\_

NUMBER OF YEARS IN PBL AND FUTURE PBL OBJECTIVES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAREER OBJECTIVES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORGANIZATIONAL OFFICES HELD \_\_\_\_\_

**CERTIFICATION BY LOCAL CHAPTER ADVISER**

The credentials for \_\_\_\_\_, who is the choice from our chapter, are attached. To the best of my knowledge, this applicant meets the qualifications for membership in the \_\_\_\_\_ committee, and if selected, will receive the enthusiastic support of the school, chapter, and adviser(s) in the execution of the duties of this position.

LOCAL ADVISER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CHAPTER # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**COMMITTEE MEMBER APPLICATION FORMS**MUST BE POSTMARKED BY **September 30**

AND MAILED TO:

Arlene Broeker, PBL State Adviser  
Department of Elementary and Secondary Education  
P. O. Box 480  
Jefferson City, MO 65102